

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

### **2013 CAMPAIGN FINANCE REPORT**

#### FOR STATE PARTY COMMITTEES

Please complete ALL entries	Please	comp	olete	ALL	entries
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N/	AME OF COMMITTEE				
	STREET			☐ CHECK IF CHANGED	
	CITY AND ZIP CODE		TELEPHONE NUMBER	FROM PRE- VIOUS RE- PORT	
	E-MAIL				
N.A	AME OF TREASURER				
	MAILING ADDRESS STREET			☐ CHECK IF CHANGED	
	CITY AND ZIP CODE		TELEPHONE NUMBER	FROM PRE- VIOUS RE- PORT	
	E-MAIL				
Currently there are no referenda or ballot questions for either the June or November elections. If something is added to the ballot the Commission will update the filing schedule on this report to include pre-election and post-election reports. Check <a href="https://www.maine.gov/ethics">www.maine.gov/ethics</a> for updates.					
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	Page of
Committee Name	 Schedule A only

## SCHEDULE A CASH CONTRIBUTIONS

- For contributors who gave more than \$200, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For cash contributions totaling \$200 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$200 in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
Total cash contributions (this page only) ⇒ (combined totals from all Schedule A pages must be listed on Schedule F)				

Key Codes:

1 = Individuals 4 = Party Committee

2 = Commercial Source 5 = Candidate Committees

3 = Political Action Committees 6 = Unitemized Contributions of \$200 or less

Committee Name	
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## SCHEDULE A (continued) CASH CONTRIBUTIONS

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
Total cash contributions (this page only) ⇒ (combined totals from all Schedule A pages must be listed on Schedule F)				
Key Codes:				

1 = Individuals

4 = Party Committee

2 = Commercial Source

5 = Candidate Committees

3 = Political Action Committees

6 = Unitemized Contributions of \$200 or less

	Page	of
Committee Name	 Schedu	

## SCHEDULE A-1 IN-KIND CONTRIBUTIONS

- In-kind contributions are goods and services (including facilities) that a committee received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the committee by others if the committee does not expect to reimburse the person who made the purchase.
- For contributors who gave more than \$200, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For contributions totaling \$200 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$200 in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	DESCRIPTION (of goods, services, facilities, or discounts received)	TYPE (use key code)	VALUE (estimated fair market value)
Total in-kind contributions (this page only) ⇒ (combined totals from all Schedule A-1 pages must be listed on Schedule F)					

Key Codes:

1 = Individuals

4 = Party Committee

2 = Commercial Source

5 = Candidate Committees

3 = Political Action Committees

6 = Unitemized Contributions of \$200 or less

Committee Name		

Page	of
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1/13

## SCHEDULE B EXPENDITURES TO SUPPORT OR OPPOSE

- Enter all expenditures, including cash contributions from this committee, made to support or oppose a candidate, political action committee, ballot question committee, or party committee.
- Enter all expenditures made to support or oppose a ballot question, referendum, or citizen initiative, including those in signature-gathering phase.
- Enter the name of the candidate, ballot question, or committee supported or opposed by the expenditure and indicate whether the expenditure was made in support or opposition.

If a single expenditure is made to support or oppose multiple candidates, committees, or ballot questions, the expenditure must be itemized by the amount spent per candidate, committee, or question, not as a single expenditure, and each candidate, committee, or ballot question must be separately identified.

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	EXPENDITURE TYPES						
CON	Cor	ntribution to candidate, party or committee		POL	Polling and survey research		
CNS	Car	mpaign consultants		POS	Postage for U.S. Mail and m	ail box fees	
EQP	Equ	uipment (office machines, furniture, cell phones)		PRO	Professional services		
FND	Fur	ndraising events		PRT	Print media ads only (newsp	apers, mag	azines, etc.)
FOD	Foo	od for campaign events, volunteers		RAD	Radio ads, production costs		
LIT	Prir	nting and graphics (flyers, signs, palmcards, t-shirts	, etc.)	SAL	Campaign workers' salaries	and person	nel costs
MHS	Ма	il house (all services purchased)		TRV	Travel (fuel, mileage, lodging	g, etc.)	
OFF	Offi	ice rent, utilities, phone and internet services, suppl	ies	TVN	TV or cable ads, production	costs	
отн	Oth	ner		WEB	Website design, registration,	hosting, ma	aintenance, etc.)
РНО	Pho	one banks, automated telephone calls					
		Only these expenditure ty	pes require	a remar	k: CNS, OTH, PRO and SAL.		
DAT	E	PAYEE'S NAME AND ADDRESS		F	REMARKS	TYPE	AMOUNT
		Payment to support □ or to oppose □:					
		Payment to support $\square$ or to oppose $\square$ :					
		Payment to support □ or to oppose □:					
		Payment to support □ or to oppose □:					
			7	Total o	xpenditures this page (	only →	
		(combined totals from all Sci					
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Committee Name	
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# SCHEDULE B (continued) EXPENDITURES TO SUPPORT OR OPPOSE

DATE	PAYEE'S NAME AND ADDRESS	REMARKS	TYPE	AMOUNT
	Payment to support □ or to oppose □:			
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	Payment to support □ or to oppose □:			
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	(combined totals from all Sc	Total expenditures this page of the dule B pages must be listed on Sche	only ⇒ edule F)	
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Committee Name
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Page	of
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1/13

## SCHEDULE B - 1 OPERATING EXPENSES

List all operational expenditures made to a single payee or creditor that were made during this reporting period. Multiple expenditures for bank fees and vehicle travel may be aggregated and listed as a lump sum provided that the time period of the expenditure be identified in the remark section..

	EXPENDITURE TYPES				
CON Contribution to candidate, party or committee POL Polling and survey research					
CNS	Campaign consultants	POS	Postage for U.S. Mail and mail box fees		
EQP	Equipment (office machines, furniture, cell phones)	PRO	Professional services		
FND Fundraising events PRT Print media ads only (newspapers, magazines, etc.)			Print media ads only (newspapers, magazines, etc.)		
FOD Food for campaign events, volunteers RAD Radio ads, production costs		Radio ads, production costs			
LIT Printing and graphics (flyers, signs, palmcards, t-shirts, etc.)  SAL Campaign workers' salaries and personnel costs		Campaign workers' salaries and personnel costs			
MHS Mail house (all services purchased) TRV Travel (fuel, mileage, lodging, etc.)		Travel (fuel, mileage, lodging, etc.)			
OFF Office rent, utilities, phone and internet services, supplies TVN TV or cable ads, production costs		TV or cable ads, production costs			
OTH Other WEB Website design, registration, hosting, maintenance, etc		Website design, registration, hosting, maintenance, etc.)			
РНО	Phone banks, automated telephone calls				
	Only these expenditure types require a remark: CNS, OTH, PRO and SAL.				

DATE	PAYEE NAME & ADDRESS	ТҮРЕ	REMARK (if the expenditure type requires a remark, describe all goods and services purchased)	AMOUNT
		l Total	expenditures (this page only) ⇒	

(combined totals from all Schedule B-1 pages must be listed on Schedule F)

Committee Name	
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Schedul	е B-1	Only

# SCHEDULE B-1 (continued) OPERATING EXPENDITURES

DATE	PAYEE NAME & ADDRESS	TYPE	REMARK (if the expenditure type requires a remark, describe all goods and services purchased)	AMOUNT
	(combined totals from all Sch	Total	expenditures (this page only) ⇒ es must be listed on Schedule F)	

Page _	of
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### SCHEDULE C LOANS AND REPAYMENTS

List all new and continuing loans that were unpaid at any time during this reporting period. If a loan amount is forgiven, the amount forgiven **must** also be entered as a contribution on Schedule A.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
LENDEDIO NAME	LOAN BALANCE AT BEGINNING OF PERIOD	ACTIVITY THIS PERIOD (report amount and date)			LOAN BALANCE AT
LENDER'S NAME AND ADDRESS		AMOUNT LOANED THIS PERIOD	AMOUNT REPAID THIS PERIOD	AMOUNT FORGIVEN THIS PERIOD (Enter on Schedule A also)	END OF PERIOD (1+2) – 3 – 4
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
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		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
Totals for each column ⇒		Enter on Schedule F, Line 3	Enter on Schedule F, Line 7		Enter on Schedule F, Line 14

	Page of
Committee Name	 Schedule D Only

## SCHEDULE D UNPAID DEBTS AND OBLIGATIONS

- A debt or obligation is incurred if a committee places an order for a good or service without making a payment; makes a
  promise or agreement to pay for a good or service; signs a contract for a good or service; or receives delivery of a good or
  service for which the committee has not paid.
- This schedule is a list of all debts and obligations of the committee as of the end of this reporting period. When the obligation has been paid, the expenditure (i.e., the actual payment) must be reported on Schedule B or B-1.
- If the committee has not received a bill for goods or services, contact the vendor to obtain the amount owed. If it is impossible to verify the amount of the debt, enter an estimated amount and indicate that the amount is estimated in the purpose section.
- If obligations from a previous campaign finance report still remain unpaid, you will need to continue to report them on this schedule until they have been paid in full.

DATE OF OBLIGATION	CREDITOR'S NAME AND ADDRESS	PURPOSE	AMOUNT
Total unpaid debts and obligations (this page only) ⇒ (combined totals from all Schedule D pages must be listed on Schedule F)			

### SCHEDULE F SUMMARY SCHEDULE

### **CASH ACTIVITY**

Receipts	Total for this Period
1. Cash Contributions (Schedule A)	
2. Other Cash Receipts (interest, etc.)	
3. Loans (Schedule C)	
4. Total Receipts (lines 1 + 2 + 3)	
Expenditures	Total for this Period
5. Expenditures to Support or Oppose (Schedule B)	
Expenditures to Support or Oppose (Schedule B)     Operating Expenditures (Schedule B-1)	
6. Operating Expenditures (Schedule B-1)	

#### **CASH SUMMARY**

	Total for This Period
9. Cash Balance at Beginning of Period	
10. Plus Total Receipts This Period (line 4 above)	
11. Minus Total Payments This Period (line 8 above)	
12. Cash Balance at End of Period	

### **OTHER ACTIVITY**

	Total for This Period
13. In-Kind Contributions (Schedule A-1)	
14. Total Loan Balance at End of Period (Schedule C)	
15. Total Unpaid Debts at End of Period (Schedule D)	